

PERSONAL FINANCIAL WORKSHEET

This is NOT the Personal Financial Statement required for DBE certification and cannot be substituted for the mandatory Personal Financial Statement. This document is intended to assist you in completing parts of the Personal Financial Statement required by 49 CFR Part 26.

This worksheet is not mandatory under 49 CFR Part 26, but you may choose to provide this worksheet to OMWBE to support your Personal Net Worth calculations. Under some circumstances, OMWBE may request that you provide this worksheet to verify your eligibility under 49 CFR Part 26.

You should complete a separate form for each person. This includes a husband and wife, even if only one spouse is an owner.

Only list personal assets and liabilities. Do not include assets owned or liabilities owed by your business or another person (even if you are a co-signer or contingent beneficiary). Do not list contingent or future assets and liabilities, just current amounts. (For example, you may list your current child support payment amount, but not future college expense obligations.)

Section 1: Income

- | | | | |
|----|------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. | Wages and salaries | \$ _____ | <input type="checkbox"/> per hour
<input type="checkbox"/> per week
<input type="checkbox"/> per month
<input type="checkbox"/> other _____ |
| b. | Interest and dividend income | \$ _____ | <input type="checkbox"/> per hour
<input type="checkbox"/> per week
<input type="checkbox"/> per month
<input type="checkbox"/> other _____ |
| c. | Business income | \$ _____ | <input type="checkbox"/> per hour
<input type="checkbox"/> per week
<input type="checkbox"/> per month
<input type="checkbox"/> other _____ |
| d. | Spousal maintenance/alimony | \$ _____ | <input type="checkbox"/> per hour
<input type="checkbox"/> per week
<input type="checkbox"/> per month
<input type="checkbox"/> other _____ |
| e. | Other income
Describe: _____
_____ | \$ _____ | <input type="checkbox"/> per hour
<input type="checkbox"/> per week
<input type="checkbox"/> per month
<input type="checkbox"/> other _____ |

Section 2: Monthly Deductions from Gross Income

- a. Income taxes \$ _____
- b. Social Security, Medicare, and Self-Employment taxes \$ _____
- c. Other state taxes and deductions \$ _____
- d. Mandatory union/professional dues \$ _____
- e. Pension plan payments \$ _____
- f. Spousal maintenance (alimony) paid \$ _____
- g. Child support obligation paid \$ _____
- h. Health insurance premium deductions \$ _____

Section 3: Health Care, Day Care, and Special Child Rearing Expenses

- a. Additional health insurance premium paid (if not included above) \$ _____
- b. Uninsured monthly health care, dental, and related expenses \$ _____
- c. Day care and babysitting expenses \$ _____
- d. Education expenses (monthly tuition and related expenses only) \$ _____
- e. Long distance transportation expenses \$ _____
- f. Other special health care or educational expenses \$ _____

Section 4: Housing Expenses (personal residence only)

- a. Rent, first mortgage, or contact payment \$ _____ ☐ separate
- b. Installment payments for other mortgages or encumbrances \$ _____ ☐ community or joint
- c. Taxes and insurance (if not included in monthly payment) \$ _____ ☐ separate
- ☐ community or joint

Section 5: Utility Expenses

- | | | | |
|----|----------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------|
| a. | Gas and oil | \$ _____ | <input type="checkbox"/> separate
<input type="checkbox"/> community or joint |
| b. | Electricity | \$ _____ | <input type="checkbox"/> separate
<input type="checkbox"/> community or joint |
| c. | Water, sewer, and garbage | \$ _____ | <input type="checkbox"/> separate
<input type="checkbox"/> community or joint |
| d. | Telephone | \$ _____ | <input type="checkbox"/> separate
<input type="checkbox"/> community or joint |
| e. | Cable television | \$ _____ | <input type="checkbox"/> separate
<input type="checkbox"/> community or joint |
| f. | Internet service provider (if not included in telephone or cable expenses) | \$ _____ | <input type="checkbox"/> separate
<input type="checkbox"/> community or joint |

Section 6: Food and Supplies

- | | | |
|----|------------------------------|----------|
| a. | Food for _____ persons | \$ _____ |
| b. | Supplies (paper, pets, etc.) | \$ _____ |
| c. | Meals eaten out | \$ _____ |
| d. | Other food and supplies | \$ _____ |

Section 7: Transportation

- | | | | |
|----|----------------------------------------|----------|----------------------------------------------------------------------------------|
| a. | Vehicle payments or leases | \$ _____ | <input type="checkbox"/> separate
<input type="checkbox"/> community or joint |
| b. | Vehicle insurance and licenses | \$ _____ | |
| c. | Vehicle gas, oil, ordinary maintenance | \$ _____ | |
| d. | Parking | \$ _____ | |
| e. | Other transportation expenses | \$ _____ | |

Section 8: Personal Expenses

- a. Clothing, shoes, and related expenses \$ _____
- b. Hair care and personal care expenses \$ _____
- c. Clubs and recreation \$ _____
- d. Education \$ _____
- e. Books, newspapers, magazines, photos \$ _____
- f. CDs, DVDs, computer software \$ _____
- g. Gifts \$ _____
- h. Other personal expenses \$ _____

Section 9: Installment Debts

All other installment debts should be listed here. Common examples of installment debts include credit cards, mortgages on vacation or rental homes, timeshare payments, and loans for boats or recreational vehicles.

<u>Creditor</u>	<u>Type of Debt</u>	<u>Current Total Balance</u>	<u>Monthly Payment</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Section 10: All Other Debts and Monthly Expenses

<u>Creditor</u>	<u>Type of Debt</u>	<u>Current Total Balance</u>	<u>Monthly Payment</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Section 11: Transfers of property

All transfers of property, including real estate, equipment, vehicles, and money, should be listed here. This does not include routine gifts (e.g., birthday and holiday presents), but does include sales, exchanges, and gifts – both given and received.

	<u>Asset Transferred</u>	<u>Transfer Information</u>
Description	_____	Transferred by _____
	_____	Transferred to _____
Transfer value	_____	Purpose of transfer and consideration received
Transfer date	_____	for transfer _____

Description	_____	Transferred by _____
	_____	Transferred to _____
Transfer value	_____	Purpose of transfer and consideration received
Transfer date	_____	for transfer _____

Description	_____	Transferred by _____
	_____	Transferred to _____
Transfer value	_____	Purpose of transfer and consideration received
Transfer date	_____	for transfer _____

Description	_____	Transferred by _____
	_____	Transferred to _____
Transfer value	_____	Purpose of transfer and consideration received
Transfer date	_____	for transfer _____

Section 12: Other factors for consideration

You are not required to provide this document to OMWBE unless you are using it in support of your Personal Financial Statement or to otherwise establish or verify your Personal Net Worth calculations. If you choose to submit this document to OMWBE, please sign and date below.

ACKNOWLEDGEMENT:

Under penalty of perjury, I certify the above information is true and accurate as of the stated date. I understand that false statements may result in denial or removal of certification as a Disadvantaged Business Enterprise and possible criminal prosecution.

Signature

Date: _____

Printed name: _____

Applicant business: _____